

ALBUQUERQUE POLICE DEPARTMENT CITIZEN POLICE COMPLAINT FORM

Official Use Only:

Date/Time Received: _____

Received By: _____

CPC#: _____

Assigned To: _____

INSTRUCTIONS:

This form should only be completed if you wish to initiate a complaint against the Department or an employee(s). According to City Ordinance, written complaints must be filed within ninety (90) days of the incident to be accepted. If you would rather attempt to resolve this issue with the employee's supervisor, you may contact the employee's supervisor directly. For assistance, please contact the Internal Affairs Unit at (505) 768-2880 between 7:30 a.m. and 5:30 p.m.

IF YOU DECIDE TO FILE A COMPLAINT:

Please complete the complainant information and statement portions below. Once the form is completed it may be delivered to the Independent Review Office/Police Oversight Commission at 600 2nd St. NW, Room 813, Albuquerque, NM, 87102, or mailed to PO Box 1293, Albuquerque, NM 87103. Please notify the Independent Review Office if your address or phone number changes prior to the resolution of your complaint.

COMPLAINANT INFORMATION

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street Name and Number)

(City) (State) (Zip Code)

TELEPHONE: Home: _____ Work: _____

Date and Time of Incident: _____

NOTE: This complaint form along with other necessary documentation will be forwarded to the Independent Review Office for evaluation and investigative direction. Your complaint may be investigated by the Independent Review Office or assigned to APD's Internal Affairs Unit for investigation. The Independent Review Office also will review the completed investigation and will submit findings to the Chief of Police. You will be notified by certified mail, at your above-listed address, of the final disciplinary findings (normally within 60 days after the complaint has been filed.)

STATEMENT

(Please describe both the incident and the specific nature of your complaint as completely as possible. Be sure to give the names, addresses and phone numbers of any witnesses of which you are aware. Be as specific as possible about details such as exactly what was said, time and dates of incident. Identify the exact location of the incident, identification of the officers involved, if known (if names not known, please provide a detailed description of the officers). Be specific about any injuries received. It is important to provide as much information as possible.

[illegible]

[illegible]

[illegible]

[illegible]

(Statement continued)

WITNESSES:

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

(If more, please list on a separate sheet.)

End of Statement

The information provided in this statement is true and factual to the best of my knowledge. I understand that I may be required to appear in the Independent Review Office or the Internal Affairs Office for further interview or to provide other investigative assistance as necessary.

Complainant's Signature

Complainant's Date of Birth: ____/____/____

ALBUQUERQUE POLICE DEPARTMENT
MEDICAL RECORDS RELEASE

(Date)

(Name of Medical Facility)

I, _____, DOB _____, SSN _____,

do hereby authorize the above-named medical facility to release to the bearer of this document
any and all records of my medical treatment and/or diagnosis on _____,

I do hereby waive my rights to privacy normally maintained between doctor and patient. I do
hereby release the above-named medical facility and/or the attending physician from any and all
liability.

(Signature of Patient)

(Signature of Party Receiving Said Record)

(Date Received)

BERNALILLO COUNTY JUVENILE DETENTION CENTER

RELEASE OF INFORMATION

I, (Parent/Legal Guardian) _____, hereby give permission on behalf of my child, and myself _____, DOB: _____ to the Bernalillo County Juvenile Detention Center to release the following information concerning my child to (Agency/Individual) _____.

() Medical Records

() _____
Other

I hereby release Bernalillo County and its officers, employees, agents, contractors and all others associated with the Bernalillo County Juvenile Detention Center from any liability for the furnishing of this information.

The information that is requested covers the following time periods:

_____	to	_____
(Date)		(Date)
_____	to	_____
(Parent/Legal Guardian)		(Date)
_____	to	_____
(Parent/Legal Guardian)		(Date)
_____	to	_____
(Director/Assistant Director)		(Date)

**ALBUQUERQUE POLICE DEPARTMENT
INTERNAL AFFAIRS UNIT
STATISTICAL FORM**

The Internal Affairs Unit is asking the complainant to fill out information requested below.

NOTE: This particular information will not become a part of your complaint. The Albuquerque Police Department is requesting this information for statistical purposes only.

The information contained on this form may be incorporated into the Internal Affairs Quarterly and Yearly Reports. It may also be used to conduct studies or respond to surveys.

STATISTICAL INFORMATION

RACE: White: _____ Native American: _____
 Hispanic: _____ Oriental: _____
 Black: _____ Other: _____

GENDER: Male: _____ Female: _____

AGE: _____